12/03/2008 16:42

Image# 28993356710

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X	For	Other Than An	Authorized Con	nmittee	Offi	ce Use Only
1. NAME OF COMMITTEE (i		FEC MAILING LAE	Example:If over the lin	typing, type es		
Americas Healt	n Insurance Plans	,				
		1 1 1 1 1	1 1 1 1 1		1 1 1 1 1	
ADDRESS (number a	and street)	01 Pennsylvania Ave				
Check if di than previc reported. (	fferent Lously . W	uite 500 South Buildi	ng		DC	20004
2. FEC IDENTIFIC	CATION NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCODE 🛕
C0010674	40		3. IS THIS REPORT	NEW (N) OR	X AMENI	DED
July 1 Quart Octob Quart Janua Quart July 3 Repool	Reports:  15 erly Report(Q1) 5 erly Report(Q2) er 15 erly Report(Q3) erly Report(YE) 1 Mid-Year t(Non-election Only) (MY) nation Report	(d) 30-Day Post -Elect Report for the	ne: Conve	May 20 (M5) Jun 20 (M6) Jul 20 (M7)  y (12P)  ntion (12C)	Aug 20 (I Sep 20 (I X Oct 20 (I Special (12G) Special (12G)	Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
5. Covering Period	0 9	01 200	8 thro	ough 0 9	30 20	008
Type or Print Name	of Treasurer _	Robert Borchardt	ny knowledge and beli	ef it is true, correct	and complete.	
Signature of Treasur		•	Borchardt		Date 12	03 2008
	of false, erroneous	, or incomplete inform	mation may subject th	e person signing th	1 1	alties of 2 U.S.C 437g.
Office Use					F	FEC FORM 3X

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F		0 9 0 1 Y Y Y Y Y 2 0 0 8	To: 0 9 3 0 7 7 7 7 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008		167489.76
	(b) Cash on Hand at Begining of Reporting Period	139330.54	
	(c) Total Receipts (from Line 19)	26568.71	220447.08
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	165899.25	387936.84
7.	Total Disbursements (from Line 31)	90985.70	313023.29
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74913.55	74913.55
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M M M D D D D 2 0 0 8

To: M M M D D D D 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	17833.80	119553.17
(ii) Unitemized	477.48	9704.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18311.28	129257.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	87000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23311.28	216257.83
t. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	257.43	1189.25
to Federal candidates and Other Political Committees	3000.00	3000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26568.71	220447.08
Total Federal Receipts     (subtract Line 18(c) from Line 19)	26568.71	220447.08

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(from Schedule H6)

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share .....

(ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely

With Federal Funds ..... (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

Than Political Committees .....

(such as PACs) .....

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 135.70 1273.29 135.70 1273.29 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 68500.00 288000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 22350.00 23750.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 90985.70 313023.29

90985.70

313023.29

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23311.28	216257.83
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23311.28	216257.83
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	135.70	1273.29
37.	Offsets to Operating Expenditures (from Line 15, page 3)	257.43	1189.25
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-121.73	84.04

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	0)	
۹.	Full Name (Last, First, Middle Initial) James Balda	NI NA		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			09 15 2008
	City	State	Zip Code	Transaction ID: 150915-1
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation VP Mem	n ber Services and Profession	al De
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1125.00	
- 3.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		09 / 30 / 2008
	City	State DC	Zip Code	Transaction ID: 260926-1
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  62.50
	Name of Employer America's Health Insurance Plans	Occupation VP Mem	n ber Services and Profession	al De
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1125.00	
- ).	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		09 / 15 / Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 150915-2
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  208.33
	Name of Employer America's Health Insurance Plans	Occupation Executiv	n e Vice President, Clinical Aff	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 3749.94	
	SUBTOTAL of Receipts This Page (optional)			333.33
F	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carmella Bocchino  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n e Vice President, Clinical Aff e Year-to-Date ▼ 3749.94	
Full Name (Last, First, Middle Initial) Robert Borchardt  Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt  0 9 1 5 2 0 0 8
City Washington	State DC	Zip Code 20004	Transaction ID: 150915-3  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	<del>-, '</del>	n ice President Finance & Ope Year-to-Date ▼ 533.35	erat
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding	7. 0.4	09 / 30 / 2008
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 260926-3  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans		ice President Finance & Ope	erat
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 533.35	
SUBTOTAL of Receipts This Page (optional) .			291.67
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information cop or for commercial p	oied from such Reports and Si urposes, other than using the	tatements ma name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	IMITTEE (In Full) alth Insurance Plans PAC	(AHIP PAC	<b>c</b> )	
Full Name (Last, Dianne Bricker	, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi	09 / 15 / 2008		
City <u>Washington</u>		State DC	Zip Code 20004	Transaction ID: 150915-4
FEC ID number federal political of		C	20004	Amount of Each Receipt this Period 41.67
Name of Employ America's Healfl Plans Receipt For:	rer h Insurance	Occupatio Regional	Director	
Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 750.06	
Full Name (Last	, First, Middle Initial)	Date of Receipt		
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi	09 30 2008		
City		State DC	Zip Code	Transaction ID: 260926-4
Washington FEC ID number federal political of		C	20004	Amount of Each Receipt this Period 41.67
Name of Employ America's Healfl Plans	ver h Insurance	Occupatio Regional		
Receipt For: Primary Other (spe	General ecify) ▼	, '	e Year-to-Date ▼ 750.06	
Full Name (Last	, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi			09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington		State DC	Zip Code 20004	Transaction ID: 150915-6  Amount of Each Receipt this Period
FEC ID number federal political of		C	20004	125.00
Name of Employ America's Healfl Plans	ver h Insurance		Political Affairs	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 2187.50	
SUBTOTAL of Re	ceipts This Page (optional)	1		208.34

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 71 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	he name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Francie Burkhart  Mailing Address 601 Pennsylvania Av Suite 500, South Bui  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	State DC  C Occupation	Zip Code 20004	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Plans Receipt For:  Primary General  Other (specify) ▼		/ear-to-Date ▼ 2187.50		
Winthrop Cashdollar  Mailing Address 601 Pennsylvania Av	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans	_ + +	Director Product Policy	Amount of Each Receipt this Period  62.50	
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 1000.00		
Winthrop Cashdollar  Mailing Address 601 Pennsylvania Av Suite 500, South Bui		Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
Washington  FEC ID number of contributing federal political committee.	DC	20004	Amount of Each Receipt this Period  62.50	
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General Other (specify) ▼		Director Product Policy ∕ear-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)			187.50	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 71 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans Full Name (Last, First, Middle Initial)	PAC (AHIP PAC)	
Yvonne Chanatry  Mailing Address 601 Pennsylvania		Date of Receipt  0 9 1 5 2 0 0 8
Suite 500, South B	uillding State Zip Code	
Washington	DC 20004	Transaction ID: 150915-9  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Marketing and Graph Aggregate Year-to-Date ▼	nics
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Yvonne Chanatry	•	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	09 / 30 / 4 2008
City	State Zip Code	Transaction ID: 260926-9
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graph	iic <b>s</b>
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Gregory Dean	•	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	09 15 2008
City	State Zip Code	Transaction ID: 150915-12
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Ex Dir of AHIPs Learning & Resource	e Ge
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
OUDTOTAL of Descripto This Descriptor	al)	229.16

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16
or f	r information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
	Americas Health Insurance Plans PA	C (AHIP PAC)		
	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
l	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			09 30 2008
	City	State	Zip Code	Transaction ID: 260926-12
-	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
Ī	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		AHIPs Learning & Resource Year-to-Date ▼	e <b>C</b> e
,	Primary General Other (specify) ▼	Aggregate	1125.00	
	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding		09 / 15 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 150915-15
•	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00
	Name of Employer America's Health Insurance	Occupation VP, Feder		
	<u>Plans</u> Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1603.29	
	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding		09 / 30 / 4 2008
	City	State	Zip Code	Transaction ID: 260926-15
	Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period
1	federal political committee.	C		104.00
	Name of Employer America's Health Insurance Plans	Occupation VP, Feder		
	Receipt For:	<del></del>	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1603.29	
	IBTOTAL of Receipts This Page (optional)			270.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	` '	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AHIP PAC)					
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	09 15 7 2008					
	City	State DC	Zip Code	Transaction ID: 150915-16			
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  125.00			
	Name of Employer America's Health Insurance Plans Receipt For: Primary General		ice President, State Affairs e Year-to-Date ▼  2250.00	1			
– В.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jeffrey Gabardi			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	09 30 2008					
	City	State DC	Zip Code	Transaction ID: 260926-16			
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  125.00			
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President, State Affairs				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00				
_ C.	Full Name (Last, First, Middle Initial) Jay Gellert			Date of Receipt			
	Mailing Address 21650 Oxnard Street Suite 2200			09 22 2008			
	City Woodland Hills	State CA	Zip Code 91367-4901	Transaction ID: 9653ade386ea7847227			
	FEC ID number of contributing federal political committee.	C	91307-4901	Amount of Each Receipt this Period  2000.00			
	Name of Employer Health Net, Inc.	Occupation Presiden					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00				
	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	2250.00			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Si	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 71 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC		• •	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) George Halvorson			Date of Receipt
	Mailing Address One Kaiser Plaza 27th Floor			09 05 2008
	City	State	Zip Code	Transaction ID: dc47e4576f87ac1d070
	Oakland	CA	94612-3610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Kaiser Foundation Health	Occupation	n n and CEO	
	Plan, Inc. an Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
- З.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 150915-20
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	oj.
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 374.94	
- C.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 260926-20
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	oj
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	374.94	
ſ	SUBTOTAL of Receipts This Page (optional)			2041.66
H				

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Av	vonuo NI W		Date of Receipt	
Suite 500, South Buil			09 15 2008	
City	State	Zip Code	Transaction ID: 150915-22	
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33	
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼		n e Director e Year-to-Date ▼ 416.65		
Full Name (Last, First, Middle Initial) Alethia Jackson	Full Name (Last, First, Middle Initial) Alethia Jackson			
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			09 30 2008	
City	State	Zip Code	Transaction ID: 260926-22	
Washington	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.33	
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.65		
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt	
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding		09 15 2008	
City	State DC	Zip Code	Transaction ID: 150915-24	
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67	
Name of Employer America's Health Insurance Plans	Occupation Director	n of Policy Development		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.06		
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	208.33	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	AC (AHIP PAC	)	
	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding		09 / 30 / 2008
	City Washington	State DC	Zip Code 20004	Transaction ID: 260926-24  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼		of Policy Development  Year-to-Date ▼  750.06	
	Full Name (Last, First, Middle Initial) Barbara Lardy	NINA/		Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			09 15 2008
	City	State	Zip Code	Transaction ID: 150915-26
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.06	
_	Full Name (Last, First, Middle Initial) Barbara Lardy	Date of Receipt		
		•		
	City	State	Zip Code	Transaction ID: 260926-26
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	750.06	
				125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(crieck drily drie)	
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC)		
	Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt	
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	09 / 15 / Y Y Y Y	
	City Washington	State Zip Code DC 20004	Transaction ID: 150915-27  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	20.83	
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Director, Operations and Claims  Aggregate Year-to-Date ▼  374.9	-	
_	Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Av	enue N W	Date of Receipt	
	Suite 500, South Buil	ding	09 30 2008	
	City Washington	State Zip Code DC 20004	Transaction ID: 260926-27  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	20.83	
	Name of Employer America's Health Insurance Plans	Occupation Director, Operations and Claims		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 374.9	4	
_	Full Name (Last, First, Middle Initial) Jeff Lemieux	Date of Receipt		
		Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		
	City Washington	State Zip Code DC 20004	Transaction ID: 150915-28  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer America's Health Insurance Plans	Occupation SVP, Center for Health Policy &	Resear	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.0	0	
Γ,	SURTOTAL of Receipts This Page (optional)		166.66	

Amy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Jeft Lemieux Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington  PEC ID number of contributing federal political committee.  Occupation SVP, Center for Health Policy & Resea Plans Recept For: Primary General Other (specify) ▼  Occupation Svane of Employer Mashington  PEC ID number of contributing City Washington  FUI Name (Last, First, Middle Initial) Beht Leonard Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington  PEC ID number of contributing City Washington  Personal Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Public Affairs Bent Leonard  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington  PEC ID number of contributing Tecteral political committee  Personal Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Y	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 71 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
Date of Receipt   Date of R	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Washington   DC   20004	Jeff Lemieux  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng	09 / 30 / Y Y Y Y Y			
FEC ID number of contributing federal political committee.    Name of Employer America's Health Insurance Plans   Superior Primary   General Other (specify) ▼   State Zip Code   Secopt For:   Public Affairs   Aggregate Year-to-Date ▼   Date of Receipt   Name of Employer   America's Health Insurance   Plans   Senior Director, Public Affairs   Primary   General Other (specify) ▼   State Zip Code   Transaction ID: 150915-29   Amount of Each Receipt this Period   Transaction ID: 20004   Transaction ID: 20008   Transaction ID: 260926-29   Transaction ID: 2		•				
Plans	FEC ID number of contributing					
Beth Leonard   Mailing Address   601 Pennsylvania Avenue   N.W.   Suite 500, South Building	Plans Receipt For: Primary General	SVP, Center for Health Policy & Rese Aggregate Year-to-Date ▼  2250.00	ar			
City State Zip Code DC 20004  FEC ID number of contributing federal political committee.    Name of Employer America's Health Insurance Plans Receipt For:	Beth Leonard  Mailing Address 601 Pennsylvania Aver		M M / D D / Y Y Y Y			
Washington DC 20004  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Occupation Senior Director, Public Affairs  Receipt For:  Aggregate Year-to-Date ▼  Transaction ID: 260926-29  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Anount of Each Receipt this Period  Anount of Each Receipt this Period  41.67	-					
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Occupation Senior Director, Public Affairs  Aggregate Year-to-Date ▼  C 10004  Amount of Each Receipt this Period  41.67		·				
America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D D D D D D D D D D D D D D	FEC ID number of contributing	0 0 0 0 0				
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	America's Health Insurance					
Beth Leonard  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code  Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼  Date of Receipt  M M M O 9 0 3 0 2 0 0 8  Transaction ID: 260926-29  Amount of Each Receipt this Period  41.67	Primary General					
Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary  Other (specify)   General  Other (specify)   State Zip Code Transaction ID: 260926-29  Amount of Each Receipt this Period  41.67	,		Date of Receipt			
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  41.67  Accouptation Senior Director, Public Affairs  Aggregate Year-to-Date ▼  416.67	Suite 500, South Buildi	Mailing Address 601 Pennsylvania Avenue N.W.				
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•	·				
Name of Employer America's Health Insurance Plans Receipt For:  Primary Other (specify) ▼  Occupation Senior Director, Public Affairs  Aggregate Year-to-Date  416.67	•	DC 20004	Amount of Each Receipt this Period			
Plans Receipt For:     Primary		C	41.67			
Primary General Other (specify) ▼ 416.67	<u>Plans</u>	Senior Director, Public Affairs				
209.24	Primary General					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	·····	208.34			

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 71 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Aven	wa N W		Date of Receipt
Suite 500, South Buildir		Zip Code	09 15 2008
Washington	DC	20004	Transaction ID: 150915-32  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer America's Health Insurance Plans		of Human Resources	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin	ng		09 / 30 / Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 260926-32
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  15.00
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n of Human Resources Year-to-Date ▼ 270.00	]
Full Name (Last, First, Middle Initial) Kenneth Melani			Date of Receipt
Mailing Address 120 5th Avenue Suite 3111			09 / 22 / 2008
City Pittsburgh	State PA	Zip Code 15222-3000	Transaction ID: b11af80733ab9edc01b  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Highmark Blue Cross Blue Shield	Occupatio Presiden	n t and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			2030.00

TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  And information applied from such Penerts and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 1-
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Zip Code 20004	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼		n e Director Product Policy e Year-to-Date ▼ 360.00	20.00
Full Name (Last, First, Middle Initial) Thomas Meyers  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General Other (specify)	State DC C Occupation Executive	Zip Code 20004  n e Director Product Policy e Year-to-Date ▼ 360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Julie Miller  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State DC C Occupation Senior A	Zip Code 20004  n ssociate Counsel e Year-to-Date ▼ 450.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			65.00

Full Name of America Plans Receipt Full Name Martin Mailing A  City Washir FEC ID of America Plans Receipt Full Name Martin Mailing A  City Washir FEC ID of America Plans Receipt Full Name Martin Mailing A  City Washir FEC ID of America Plans Receipt Receipt Pri	DF COMMITTEE (In Full)  as Health Insurance Plans PA  ne (Last, First, Middle Initial) er  Address 601 Pennsylvania Av Suite 500, South Buil  ngton  number of contributing solitical committee.  Employer 's Health Insurance  For: imary General her (specify)   ne (Last, First, Middle Initial) itchell  Address 601 Pennsylvania Av Suite 500, South Buil	venue N.W. Iding State DC  C Occupation Senior As Aggregate	Zip Code 20004	Date of Receipt  Date of Receipt  M M M / D D / 2008  Transaction ID: 260926-38  Amount of Each Receipt this Period  25.00  Date of Receipt  Date of Receipt 2008  Transaction ID: 25.00
Full Name of America Plans Receipt Full Name Mailing A  City Washir FEC ID federal p  Receipt City Washir FEC ID federal p  Full Name Martin M Mailing A  City Washir FEC ID federal p	as Health Insurance Plans PA  ne (Last, First, Middle Initial) er  Address 601 Pennsylvania Av Suite 500, South Buil  ngton number of contributing solitical committee.  Employer 's Health Insurance  For: imary General her (specify)  ne (Last, First, Middle Initial) itchell  Address 601 Pennsylvania Av Suite 500, South Buil	venue N.W. Iding State DC C Occupation Senior As Aggregate venue N.W. Iding State	Zip Code 20004  n ssociate Counsel y Year-to-Date  450.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Julie Milling A City Washir FEC ID federal p Name of America Plans Receipt Ot  Full Nam Martin M Mailing A City Washir FEC ID federal p Name of America Plans Receipt Receipt Pri	Address 601 Pennsylvania Av Suite 500, South Buil ngton number of contributing solitical committee.  Employer 's Health Insurance For: imary General her (specify)  In the (Last, First, Middle Initial) itchell Address 601 Pennsylvania Av Suite 500, South Buil	State DC  Occupation Senior As Aggregate  venue N.W. Iding State	n ssociate Counsel e Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washir FEC ID federal p Name of America Plans Receipt Ot  Full Nam Martin M Mailing A  City Washir FEC ID federal p  Name of America Plans Receipt Pri	Suite 500, South Buil  ngton  number of contributing political committee.  Employer 's Health Insurance  For: imary General her (specify)  Inc (Last, First, Middle Initial) itichell  Address 601 Pennsylvania Av Suite 500, South Buil	State DC  Occupation Senior As Aggregate  venue N.W. Iding State	n ssociate Counsel e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of America Plans Receipt Ot  Full Nam Martin M Mailing A  City Washir  FEC ID federal p  Name of America Plans Receipt  Name of America Plans Receipt Pri	number of contributing political committee.  Employer 's Health Insurance  For: imary General her (specify)  In (Last, First, Middle Initial) itchell  Address 601 Pennsylvania Av Suite 500, South Buil	State DC  C Occupation Senior As Aggregate  venue N.W. Iding State	n ssociate Counsel e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID federal p  Name of America Plans Receipt Ot  Full Nam Martin M Mailing A  City  Washir  FEC ID federal p  Name of America Plans Receipt Pri	Employer 's Health Insurance  For: imary General her (specify) ▼  ne (Last, First, Middle Initial) itchell  Address 601 Pennsylvania Av Suite 500, South Buil	Occupation Senior As Aggregate Aggregate N.W. Iding State	n ssociate Counsel e Year-to-Date ▼ 450.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of America Plans Receipt  Full Name Martin M Mailing A  City Washir  FEC ID federal p  Name of America Plans Receipt  Pri	Employer 's Health Insurance  For: imary General her (specify)   ne (Last, First, Middle Initial) itchell  Address 601 Pennsylvania Av Suite 500, South Buil	Occupation Senior As Aggregate Aggregate Venue N.W. Iding State	ssociate Counsel  e Year-to-Date ▼  450.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Nam Martin M Mailing A  City Washir  FEC ID federal p  Name of America Plans Receipt Pri	For: imary General her (specify)   ne (Last, First, Middle Initial) itchell Address 601 Pennsylvania Av Suite 500, South Buil	Senior As Aggregate Venue N.W. Iding State	ssociate Counsel  e Year-to-Date ▼  450.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Nam Martin M Mailing A  City Washir FEC ID federal p  Name of America Plans Receipt Pri	imary General her (specify)   ne (Last, First, Middle Initial) itchell Address 601 Pennsylvania Av Suite 500, South Buil	Aggregate venue N.W. Iding State	e Year-to-Date ▼ 450.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Nam Martin M Mailing A  City Washir FEC ID federal p  Name of America Plans Receipt Pri	imary General her (specify)   ne (Last, First, Middle Initial) itchell Address 601 Pennsylvania Av Suite 500, South Buil	venue N.W. Iding State	450.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Martin M Mailing A City Washir FEC ID federal p Name of America Plans Receipt Pri	Address 601 Pennsylvania Av Suite 500, South Buil	lding State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washir FEC ID federal p  Name of America Plans Receipt Pri	Address 601 Pennsylvania Av Suite 500, South Buil	lding State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washir FEC ID federal p Name of America Plans Receipt Pri		State	Zip Code	Transaction ID: 150915-40
Receipt	ngton	DC		
Name of America Plans Receipt			20004	Amount of Each Receipt this Period
Plans Receipt Pri	number of contributing political committee.	C		20.83
Receipt Pri	Employer 's Health Insurance	Occupation Director	n Product Policy	
	For: imary General her (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 374.94	
Full Nam Martin M	ne (Last, First, Middle Initial)			Date of Receipt
Mailing A	Address 601 Pennsylvania Av Suite 500, South Buil			09 30 7 2008
City		State	Zip Code	Transaction ID: 260926-40
<u>Washir</u>	ngton	DC	20004	Amount of Each Receipt this Period
	number of contributing solitical committee.	C		20.83
Name of America Plans	Employer 's Health Insurance	Occupation Director	n Product Policy	
Receipt		Aggregate	e Year-to-Date ▼	
	imary General her (specify) ▼	0 0	374.94	

TOTAL This Period (last page this line number only) .....

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C.

COUEDINE A /FFO Form OV)			FOR LINE NUMBER: PAGE 21 / 71			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
		Detailed Summary Fage	13 14 15 16 17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans PAC	(AHIP PAC	)				
Full Name (Last, First, Middle Initial) David O'Brien			Date of Receipt			
Mailing Address 165 Millview Drive			09 / 22 / Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: ccf0953a1c46b18437f			
Pittsburgh	PA	15238	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		2000.00			
Name of Employer Highmark	Occupation EVP, Go	n vt Services				
Receipt For:  Primary  Other (specify)    General	Aggregate	Year-to-Date ▼ 4000.00				
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt			
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin			09 / 15 / 2008			
City	State	Zip Code	Transaction ID: 150915-41			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		1229.15				
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt			
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin	ıg		09 / 30 / Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 260926-41			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive					
Receipt For:  Primary  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1229.15				
SUBTOTAL of Receipts This Page (optional)			2166.66			

TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAG	Statements may not be sold or used by any person ename and address of any political committee to C (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christopher Perna Mailing Address 165 Court Street  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MedAmerica  Receipt For: Primary General Other (specify)	State Zip Code NY 14647-0001  C  Occupation President  Aggregate Year-to-Date  3000.00	Date of Receipt  M M A 23 2008  Transaction ID: 5d4e6e7b58d7269fcba  Amount of Each Receipt this Period  3000.00
Full Name (Last, First, Middle Initial) Susan Pisano  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Susan Pisano  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<b></b>	3232.32

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 11			
or for commercial purposes, other than	orts and Statements may not be sold or used by any pers using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)				
Richard Ramsay	·				
Mailing Address 601 Pennsylva Suite 500, Sou	ınia Avenue N.W. ıth Building	09 / 15 / 2008			
City	State Zip Code	Transaction ID: 150915-43			
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33			
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	1499.94				
Full Name (Last, First, Middle Initial Richard Ramsay		Date of Receipt			
	Suite 500, South Building				
City	State Zip Code	Transaction ID: 260926-43			
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33			
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94				
Full Name (Last, First, Middle Initial Ingrid Reeves	Full Name (Last, First, Middle Initial) Ingrid Reeves				
Suite 500, Sou	•	09 15 2008			
City Washington	State Zip Code DC 20004	Transaction ID: 150915-45  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.83			
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  374.94				
SUBTOTAL of Receipts This Page (c	ptional)	187.49			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	G)	
۷.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			09 30 2008
	City	State	Zip Code	Transaction ID: 260926-45
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  20.83
	Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼		e Director of Membership e Year-to-Date ▼ 374.94	
3.	Full Name (Last, First, Middle Initial)  Bob Rehm  Mailing Address 601 Pennsylvania Aver	aug NI W		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			09 15 2008
	City	State	Zip Code	Transaction ID: 150915-46
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  31.25
	Name of Employer America's Health Insurance Plans	Occupation Vice Pre-	n sident, Public Health & Clinic	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 562.50	
- ).	Full Name (Last, First, Middle Initial) Bob Rehm	Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			09 / 30 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 260926-46  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	31.25
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic	<del>-</del>
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 562.50	
	SUBTOTAL of Receipts This Page (optional)			83.33
Ī	TOTAL This Period (last page this line number	only)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Av	onuo NIW	Date of Receipt	
Suite 500, South Buil		09 15 2008	
City	State Zip Code	Transaction ID: 150915-47	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer America's Health Insurance Plans	Occupation Vice President		
Receipt For:	Aggregate Year-to-Date ▼	7	
Primary General Other (specify) ▼	416.65		
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt	
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	09 / 30 / 4 9 9	
City	State Zip Code	Transaction ID: 260926-47	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer America's Health Insurance Plans	Occupation Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	416.65		
Full Name (Last, First, Middle Initial) Lisa Shreve	,		
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	0 9 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 150915-48	
Washington FEC ID number of contributing	DC 20004	Amount of Each Receipt this Period	
federal political committee.	C	41.67	
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional P	r	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	750.06		
SUBTOTAL of Receipts This Page (optional)		208.33	
TOTAL This Period (last page this line number	·		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 71 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	C)	
۷.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Avel Suite 500, South Build			09 30 7 2008
	City	State DC	Zip Code	Transaction ID: 260926-48
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General Other (specify) ▼		on lice President, Professional F e Year-to-Date ▼ 750.06	Pr ]
3.	Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Avel	aug NIW		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Build			09 15 2008
	City Washington	State DC	Zip Code	Transaction ID: 150915-49
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  204.35
	Name of Employer America's Health Insurance Plans	Occupation SVP, Go	n vernment Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3682.28	
- :.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Build	ing		09 30 7 2008
	City Washington	State DC	Zip Code 20004	Transaction ID: 260926-49  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	208.33
	Name of Employer America's Health Insurance Plans	Occupation SVP, Go	n vernment Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3682.28	
	SUBTOTAL of Receipts This Page (optional)			454.35
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 71 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans Pa	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	09 15 2008
City	State Zip Code	Transaction ID: 150915-52
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Executive Vice President  Aggregate Year-to-Date ▼  3749.94	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	09 30 2008	
City	State Zip Code	Transaction ID: 260926-52
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	09 / 15 / Y Y Y Y
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 150915-53
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Product	<u> </u>
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.06	
□ Other (specify) ♥		
SUBTOTAL of Receipts This Page (optional)	······	458.33
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P			
Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y O S
City Washington	State DC	Zip Code 20004	Transaction ID: 260926-53  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans		tuary/Vice President, Produc	t
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.06	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 150915-54  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation Director.	n Federal Legislative Affairs	
Receipt For:  Primary General  Other (specify) ▼	_ , '	Year-to-Date ▼ 810.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			0 9 3 0 Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 260926-54  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	45.00
Name of Employer America's Health Insurance Plans		Federal Legislative Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.00	
SUBTOTAL of Receipts This Page (optional	\		131.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 29 / /1   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	In the sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F			
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 150915-56  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	31.25
Name of Employer America's Health Insurance Plans		Director, State Publications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			09 / 30 / 4 7 7 7
City Washington	State DC	Zip Code 20004	Transaction ID: 260926-56  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, State Publications	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) Kelly Vogel			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Sui		est	09 30 7 9 9 9
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 522527acffa3a3014
FEC ID number of contributing federal political committee.	C	20004 2001	2000.00
Name of Employer America's Health Insurance Plans	<del></del>	eral Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	.0		2062.50

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 30 / /1   (check only one)	
Any information copied from suc	ch Reports and Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In	r for commercial purposes, other than using the name and address of any political committee to so			
<b>\</b>	nce Plans PAC (AHIP PAC	;)		
Full Name (Last, First, Middl Duane Wright	le Initial)		Date of Receipt	
	nnsylvania Avenue N.W. 10, South Building		09 15 2008	
City	State	Zip Code	Transaction ID: 150915-58	
Washington	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributi federal political committee.	C		62.50	
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Legislative Affair		
Receipt For:  Primary General		Year-to-Date ▼ 1125.00		
Full Name (Last, First, Middl Duane Wright	le Initial)		Date of Receipt	
	nnsylvania Avenue N.W. 10, South Building		09 30 7 2008	
City	State	Zip Code	Transaction ID: 260926-58	
Washington	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributi federal political committee.	C		62.50	
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Legislative Affair		
Receipt For: Primary General Other (specify)	55 5	e Year-to-Date ▼ 1125.00		
Full Name (Last, First, Middl Robert Zirkelbach	le Initial)		Date of Receipt	
Mailing Address 601 Pen	nnsylvania Avenue N.W.		0 9 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 150915-60	
Washington	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributi federal political committee.	C		20.83	
Name of Employer America's Health Insurance	Occupation Sonior M			
Plans Receipt For:	Serilor M	anager, Media Relations	-	
Primary Gen		Year-to-Date ▼	1	
Other (specify) ▼		374.94		
	l l		145.83	

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 31 / 71 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 30 2008 Suite 500, South Building City State Zip Code Transaction ID: 260926-60 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 C federal political committee. Name of Employer America's Health Insurance Occupation Senior Manager, Media Relations Plans Receipt For: Aggregate Year-to-Date Primary General 374.94 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	20.83
TOTAL This Period (last page this line number only)	<u> </u>	17833.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 71 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Mutual of Omaha Companies Pac (IMPAC) Mailing Address Mutual of Omaha F . City	Plaza State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Omaha  FEC ID number of contributing federal political committee.  Name of Employer	C CO	68175 0094581	Amount of Each Receipt this Period  5000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

				DAOE
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 33 / 71
				(check only one)
	II EIVIIZED RECEIP I S		Detailed Summary Page	11a 11b 11c 12
				13 14 X 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC	0)	
Α.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Av 11th Floor	e, NW		09 / 03 / 2008
	City	State	Zip Code	Transaction ID: 330d6cdd2559475094f
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			36.00
				Reimbursement of Wire tra-
	Name of Employer	Occupatio	n	nsfer fees
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		1189.25	
- В.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Av	e, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: c1504a3c7a72ea2b23b
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		221.43
	Name of Employer	Occupatio	n	Reimbursement of AMEX and Merchant Service Fees
	Receipt For:	Aggregate	e Year-to-Date	-
	Primary General	7.99.09410		1
	Other (specify) ▼		1189.25	

SUBTOTAL of Receipts This Page (optional)	•	257.43
TOTAL This Period (last page this line number only)	<u> </u>	257.43

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 71 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) McConnell Senate Committee '08 Mailing Address PO Box 1496			Date of Receipt  0 9 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: 79640-35110110044479
Louisville FEC ID number of contributing federal political committee.	C CO	40201 0193342	Amount of Each Receipt this Period  3000.00
Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	Occupatio  Aggregate	n Year-to-Date ▼ 3000.00	Refund of McConnell General Contribution

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	3000.00

	CHEDULE B (FEC FOIII 3X)		Use separate schedule(s			INE NUME only one)	NUMBER:			PAGE 35 / 71		
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		X 21k	22 28		3b	24 28c	25 29	2 3	
	y Information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)										
	Full Name (Last, First, Middle Initial) Bank of America						nsaction e of Disb	ursemen	t			
	Mailing Address 730 15th Street, NW Second Floor							15	2	2 0 Ó 8		
	City Washington	State DC	Zip Code 20005			Am	ount of E	ach Disb	ursemer		-	
	Purpose of Disbursement Wire Transfer Fee Candidate Name			Ca	001 tegory/			•	•	12.00		
	Office Sought:  House Senate President State:  District:	oursement For: Primary Other (spe	General cify) ▼	<u> </u>	- уре							
	Full Name (Last, First, Middle Initial) Bank of America						nsaction e of Disb	ursemen	t			
	Mailing Address 730 15th Street, NW Second Floor						9   /	<sup>D</sup> 2 9	′	0 0 8		
	City Washington	State DC	Zip Code 20005			Am	ount of E	ach Disb	ursemer	nt this P	eriod	
	Purpose of Disbursement Wire Transfer Fee			001	7 L				12.00			
	Candidate Name				tegory/ ype							
	Office Sought:    House   District     Senate   President     State:   District:	oursement For: Primary Other (spe	General cify) ▼									
	Full Name (Last, First, Middle Initial) Citibank					Dat	nsaction e of Disb	ursemen	t			
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						9 <sup>M</sup> /	<sup>D</sup> 0 2	/	8 0 o	Y	
	City Washington	State DC	Zip Code 20004			Am	ount of E	ach Disb	ursemer		-	
	Purpose of Disbursement AMEX Service Fees				001	╗┖				62.00	_	
	Candidate Name				tegory/ ype							
	Office Sought:    House   District:   Senate   President     State:   District:	Primary Other (spe	General cify) ▼									
_	2.0									86.00	_	

SCHEDULE B (FEC Form 3X)			y Use se	parate schedule(s)	) FOR LINE NUMBER: PAGE 36 / 71 (check only one)					
IT	EMIZED DIS	BURSEMEN'	TS for eac	h category of the d Summary Page	X 21b 27	7 one) 22 23 28a 28b	24 25 2 28c 29 3			
					d by any person f	or the purpose of soli	citing contributions			
or			licit contributions fron	1 Such committee						
$\rangle$	NAME OF COMM Americas Health	n Insurance Plans	PAC (AHIP PAC	)						
	Full Name (Last, First, Middle Initial) Citibank					Date of Disbursen				
	Mailing Address	1101 Pennsylva	nia Ave, NW		09 / 02	2008				
	City Washington		State DC	Zip Code 20004		Amount of Each D	Disbursement this Period			
	Purpose of Disburs Merchant Service F				001		13.00			
	Candidate Name				Category/ Type					
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General pecify) ▼						
_	State:	District:								
3.	Full Name (Last, First, Middle Initial) Citibank					<b>Transaction ID:</b> Date of Disbursen	39a4bd9146f3351f47 nent			
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor					099 / 04 / 4	2008			
	City Washington		State DC	Zip Code 20004		Amount of Each D	Disbursement this Period			
	Purpose of Disbursement Merchant Service Fee				001		0.54			
	Candidate Name				Category/ Type					
	Office Sought:	House Senate President	Disbursement For Primary Other (s	: General pecify) <b>▼</b>						
		District:								
<b>.</b>	Full Name (Last, First, Middle Initial) Citibank					Date of Disbursen				
	Mailing Address	1101 Pennsylva	nia Ave, NW		09 10	2008				
	City Washington		State DC	Zip Code 20004	_	Amount of Each D	Disbursement this Period			
	Purpose of Disbursement Merchant Service Fee				001		31.66			
	Candidate Name				Category/ Type					
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General pecify)						
	State:	District:								
г										

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 37/71
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page    X   21b   27	
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , , , , , , , , , , , , , , , , , ,	· ·
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AH	IP PAC)	
Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, 11th Floor	WW	Transaction ID: d2b47062834cd16aa10 Date of Disbursement  O 9 D 2 9 T 2 0 0 8
	State Zip Code DC 20004  001 Category/	Amount of Each Disbursement this Period 4.50
Office Sought: House Senate President State: District:	Туре	

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	4.50
TOTAL This Period (last page this line number only)	<b>—</b>	135.70

IT		Use separate sche		FOR LI	only one)				
_	EMIZED DISBURSEMENTS	for each category of Detailed Summary	Page	21b	22 28a	X 23 28b	24 28c	25 29	
	y Information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC		<u>.</u>						
<u></u>	Full Name (Last, First, Middle Initial) Adler for Congress				Date of	action ID: of Disburse	ment		
	Mailing Address 14 Knightswood Drive	9			0 9	M / D2	9	žοč	8
	City Marlton	State Zip Coo NJ 08053			Amou	nt of Each	Disburse		
	Purpose of Disbursement 2008 General Contribution			011				1000.	00
	Candidate Name John H. Adler			Category/ Type					
	Senate President	ursement For: 20 Primary X G Other (specify) ▼	08 eneral						
	State: NJ District: 03  Full Name (Last, First, Middle Initial)  Alexander for Senate 2008 Inc					action ID: of Disburse		-08713	93084
	Mailing Address 228 S Washington St	reet Suite 115			0 9	M / D2	9 / Y	žοč	8
	City Alexandria	State Zip Coo VA 22314			Amou	nt of Each	Disburse		
					_			5000.	00
	Purpose of Disbursement 2008 General Contribution			011				-	
				011 Category/ Type					
	2008 General Contribution  Candidate Name Lamar Alexander  Office Sought: House X Senate President	ursement For: 20 Primary X G Other (specify) ▼		Category/					
	2008 General Contribution  Candidate Name Lamar Alexander  Office Sought: House Disb	Primary X G	08	Category/		action ID: of Disburse			23357
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rof coromercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Keller for Congress  Mailing Address PO Box 1453  City State Zip Code FL 32802 Purpose of Disbursement 2008 General Contribution Candidate Name Ric Keller  Office Sought: X House Suite 428  City Senate Primary General Contribution State: FL District: 08  Full Name (Last, First, Middle Initial) Kind for Congress Committee  Mailing Address 205 South 5th Ave Suite 428  City Senate Primary General Contribution Office Sought: X House Primary General Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Cont		Detailed S	Summary Page		21b	22 X 28a	28b	28c	29	2 3
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Mailing Address 95 Merrick Way, Suit	e 250		099 / 29 / 2008			
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	Michael E. Mr. McMahon		Cat T	ype								
	Office Sought: X House Disburse Senate President State: NY District: 13	ment For: 2008 Primary X General Other (specify)										
	UBTOTAL of Disbursements This Page (optional)				<b>•</b>		•			80	00.00	) .

# SCHEDIII E B (FEC Form 3Y)

	Use separate schedule(s)	(check only	NUMBER: PAGE 46 / 71
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	HIP PAC)		
Full Name (Last, First, Middle Initial) New Millennium Pac			Transaction ID: 12919-8371087908 Date of Disbursement
Mailing Address PO Box 632			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 8 \end{smallmatrix} \end{bmatrix}$
City Union City	State Zip Code NJ 07087		Amount of Each Disbursement this Perio
Purpose of Disbursement 2008 Contribution Candidate Name		011 Category/	2500.00
Senate	ement For: 2008 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Pallone for Congress			Transaction ID: 12919-7678491473  Date of Disbursement    M
Mailing Address PO Box 3176			09 29 2008
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Perio
Purpose of Disbursement 2008 General Contribution Candidate Name Frank Pallone, Jr.		011 Category/ Type	2500.00
· · · · · · · · · · · · · · · · · · ·	ement For: 2008 Primary X General Other (specify)	Турс	
Full Name (Last, First, Middle Initial) Paul Hodes for Congress			Transaction ID: 12919-7011529800 Date of Disbursement
Mailing Address 26 South Main Street, #	253		09
City Concord	State Zip Code NH 03301		Amount of Each Disbursement this Perio
Purpose of Disbursement 2008 General Contribution		011	1000.00
Candidate Name Paul W. Hodes		Category/ Type	
Office Sought:  X House Senate President State: NH District: 02	ement For: 2008 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			6000.00
FOTAL This Period (last page this line number only			

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	te schedule(s) FOR LIN					F	AGE	47 /	71
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(checl	b [	one) 22 28a	X	23 28b	24	F	25 29	26 30b
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NAME OF COMMITTEE (In Full)										
Americas Health Insurance Plans PAC (A	HIP PAC)									
Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee				Date	of D	isburs	ement			1775932
Mailing Address 76 Magnolia Terrace				0 <sup>M</sup> 9	М	<sup>/</sup> <sup>D</sup> 2	9 /	Y	žoŏ	8 <sup>*</sup>
City Springfield	State Zip Code MA 01108			Amou	ınt o	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement 2008 General Contribution		011		L.				1	0.000	00
Candidate Name Richard E. Neal		Category Type								
Office Sought:  X House Senate President State: MA District: 02	ement For: 2008 Primary X General Other (specify)									
Full Name (Last, First, Middle Initial)							4004	0.00		
Stivers for Congress						שו <b>חס</b> ו isburs		9-33	33858	6688041
Mailing Address 81 S Fifth Street				0 9	М	<sup>/</sup> D2	9 /	Y 2	ž 0 Ŏ	8 <sup>Y</sup>
City Columbus	State Zip Code OH 43215			Amou	ınt o	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement 2008 General Contribution		011		L.		•		1	500.0	00
Candidate Name Steve Stivers		Category Type								
Senate President	ement For: 2008 Primary X General Other (specify)									
State: OH District: 15										
Full Name (Last, First, Middle Initial) Texas Freedom Fund				Date	of D	isburs	ement			9559135
Mailing Address 104 East Hume Avenue				0 <sup>M</sup> 9	М	2	9 /	Y 2	žoŏ	8 <sup>Y</sup>
City Alexandria	State Zip Code VA 22301			Amou	ınt o	f Each	Disburs	eme	nt this	Period
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2008 Contribution Candidate Name		011 Category Type	′							
Senate President	sement For: 2008 Primary General COther (specify) ▼	<b>71</b> -								
State: District: Contri	DULION			_						
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	e and address of any politic										
<u></u>	Full Name (Last, First, Middle Initial) Thoroughbred Pac	<u>,                                      </u>				Trans			1291	9-88	36786	31509
	Mailing Address PO Box 65116						M /	<sup>D</sup> 2		Y Ž	0 ŏ 8	Y
	City Washington	State Zip Code DC 20035				Amou	nt of E	Each I	Disburs	-		-
	Purpose of Disbursement 2008 Contribution Candidate Name		C	01 ateg	1 ory/	L.	0		•	20	00.00	)
	Senate	ement For: 2008 Primary General Other (specify)		Тур								
	Full Name (Last, First, Middle Initial)  Vern Buchanan for Congress					Date of					69403 0 0 8	
	Mailing Address PO Box 48928											
	City Sarasota	State Zip Code FL 34230				Amou	nt of E	Each	Disburs			
	Purpose of Disbursement 2008 General Contribution Candidate Name Vernon Buchanan			01 ateg Typ	ory/	L.				20	00.00	)
	Office Sought:  X House Senate President State: FL District: 13	ement For: 2008 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee					Date	of Disl	ourse		9-39	21625	5018 <sup>-</sup>
	Mailing Address PO Box 1500					0 9	M /	<sup>D</sup> 2	9 /	Ž	0 ŏ 8	Y
	City Chico	State Zip Code CA 95927				Amou	nt of E	Each	Disburs			-
	Purpose of Disbursement 2008 General Contribution			01					•	1(	00.00	)
	Candidate Name Walter Herger, Jr.			ateg Typ	ory/ e							
	Office Sought:  X House Senate President State: CA District: 02	ement For: 2008 Primary X General Other (specify)										
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	y Information copied from such Reports a for commercial purposes, other than using	•		, , ,		· ·	
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)					
	Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress  Mailing Address 1071 Twin Brand	h Ln			Transaction ID: 1 Date of Disbursement of 9		72
	City Weston Purpose of Disbursement 2008 General Contribution Candidate Name Debbie Wasserman Schultz Office Sought:  X House Senate President		2008 X General	011 Category/ Type	Amount of Each Dis	sbursement this Period 1000.00	
	State: FL District: 20						

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	68500.00

		Use separate schedule(s)	R LINE NUMBER: PAGE 50 / /1 eck only one)
	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 24 25 26 27 28a 28b 28c X 29 3
	y Information copied from such Reports and Statem for commercial purposes, other than using the name		
Λ	NAME OF COMMITTEE (In Full)		
V	Americas Health Insurance Plans PAC (Al-	HIP PAC)	
	Full Name (Last, First, Middle Initial) Batchelder for Representative Committee		Transaction ID: 39412-58922976255 Date of Disbursement
	Mailing Address 105 WEST LIBERTY ST	REET	0 9 M / 2 5 / Y 2 0 0 8 Y
	City Medina	State Zip Code OH 44256	Amount of Each Disbursement this Period
	Purpose of Disbursement		250.00
	Nonfederal Contribution	011	
	Candidate Name	Catego Type	
	Senate President	ement For:  Primary General  Other (specify) ▼	
	State: District:		
	Full Name (Last, First, Middle Initial) Behn for Senate, ID 984		Transaction ID: 39412-84531801939 Date of Disbursement
	Mailing Address 1313 Quill Ave		09 7 25 7 2008
	•	State Zip Code IA 50036	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	011	500.00
	Candidate Name	Catego Type	•
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Ben Nesselhuf for State Senate		Transaction ID: 39412-10429018735 Date of Disbursement
	Mailing Address Post Office Box 68		09 0 25 7 2008
	City Vermillion	State Zip Code SD 57069-0068	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	011	300.00
	Candidate Name	Catego Type	
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	
_	State: District:		
	<u> </u>		1050.00

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 51 / 71
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c X 29 36
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		, μ		
<u></u>	Full Name (Last, First, Middle Initial) Bill Brown for Senate 2006				Transaction ID: 39412-85720461606 Date of Disbursement
	Mailing Address 524 South Elm Street				$\begin{bmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} D & D \\ D & 2 & 5 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	City Broken Arrow	State OK	Zip Code 74012		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 Category/	500.00
	Office Sought:    House   Disburs	ement For: Primary Other (spe	General ecify) ▼	Туре	
	Full Name (Last, First, Middle Initial) Bob Deweese for State House				Transaction ID: 39412-13315981626 Date of Disbursement
	Mailing Address 6206 Glenhill Road				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
	City Louisville	State KY	Zip Code 40222		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011	200.00
				Category/ Type	
	Office Sought: House Disburs Senate	ement For: Primary	General		
	President State: District:	Other (spe	ecity) 🔻		
	President State: District:  Full Name (Last, First, Middle Initial) Charlie Hoffman for State House	Other (spe	<b>∀</b>		Date of Disbursement
	State: District: Full Name (Last, First, Middle Initial)	Other (spe	<b>▼</b>		
	State: District: Full Name (Last, First, Middle Initial) Charlie Hoffman for State House	Other (spe	Zip Code 40324		Date of Disbursement  M 9 M / D 2 5 / Y 2 0 0 8 Y  Amount of Each Disbursement this Period
	State: District:  Full Name (Last, First, Middle Initial) Charlie Hoffman for State House  Mailing Address 406 Bourbon Street  City Georgetown Purpose of Disbursement Nonfederal Contribution	State	Zip Code	011	Date of Disbursement
	State: District: Full Name (Last, First, Middle Initial) Charlie Hoffman for State House  Mailing Address 406 Bourbon Street  City Georgetown  Purpose of Disbursement Nonfederal Contribution Candidate Name	State KY	Zip Code	011 Category/ Type	Date of Disbursement  M 9 M / D 2 D / Y 2 0 0 8 Y  Amount of Each Disbursement this Period
	State: District: Full Name (Last, First, Middle Initial) Charlie Hoffman for State House  Mailing Address 406 Bourbon Street  City Georgetown  Purpose of Disbursement Nonfederal Contribution Candidate Name	State	Zip Code 40324	Category/	Amount of Each Disbursement this Period

ITEMIZED DISPLIBEMENTS	Use separate schedule(s)	)		check only		n.		[ P	AGE	52 / /	1
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a		23 28b	24 28c		25 29	26 30
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NAME OF COMMITTEE (In Full)											
Americas Health Insurance Plans PAC	(AHIP PAC)										
Full Name (Last, First, Middle Initial)					Trans	act	ion ID:	3941	2-754	0704	6079
Citizens for Gronstall, ID 1612						_	isburse				
Mailing Address 220 Bennett					0 9	М	<sup>/</sup> 2	5 /	ž	8 Ó 0	Y
City Council Bluffs	State Zip Code IA 51503				Amou	int o	f Each	Disburs	ement	this P	eriod
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Nonfederal Contribution			Ō.	11,							
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Senate President	oursement For: Primary General Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) Clark for House Committee					Date of		isburse		2-596	7370	86772
Mailing Address 3001 Hickory Street					0 <sup>M</sup> 9	М	<sup>′</sup> 2	5 /	Ý Ž (	8 Ó 0	Y
City Fargo	State Zip Code ND 58102				Amou	int o	f Each	Disburs	ement	this P	eriod
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Nonfederal Contribution			0.	11		0			_		-
Candidate Name		ı	ate Ty	gory/ pe							
Office Sought: House Senate President State: District:	oursement For:  Primary General  Other (specify) ▼										
Full Name (Last, First, Middle Initial)					Trans	act	ion ID:	3941	2-564	1290	54540
Committe to Elect H. K. White						_	isburse				_
Mailing Address P.O. Box 1985					0 9	М	<sup>′</sup> 2	5 /	ž	8 Ó 0	Y
City Gilbert	State Zip Code WV 25621				Amou	int o	f Each	Disburs	ement	this P	eriod
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Candidate Name		ı	ate Ty	gory/ pe							
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		FOR LINE (check on	E NUMBER: PAGE 53 / 71
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 23 24 25 2 28a 28b 28c X 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan				
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)			
<u>/</u>	Full Name (Last, First, Middle Initial) Committee For Joyce Beatty, State Repre	sentative			Transaction ID: 39412-65063112974 Date of Disbursement
	Mailing Address 233 SOUTH HIGH STR	EET			09 7 25 7 2008
	City Columbus	State Zip Code OH 43215			Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name		-	)11 tegory/	250.00
	Office Sought: House Senate President State: District:	ement For:  Primary General  Other (specify) ▼	Т	ype	
	Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris				Transaction ID: 39412-01455324888  Date of Disbursement  0 9
	Mailing Address 1238 TWP. RD 1506				09 25 2008
	City Ashland	State Zip Code OH 44805			Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution			011	250.00
	Candidate Name		1	tegory/ ype	
	Office Sought:    House   Disburs	ement For: Primary General Other (specify) ▼	•		
	Full Name (Last, First, Middle Initial) Committee to Elect Nancy McLain				Transaction ID: 59821-46816653013 Date of Disbursement
	Mailing Address 1706 E Marble Canyon	Drive			09 / 12 / 2008
	City Bullhead City	State Zip Code AZ 86442			Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name			)11 tegory/	200.00
	Office Sought: House Disburs Senate	ement For: Primary General		ype	
	President State: District:	Other (specify)			

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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (	AHIP PAC)			
<u>/</u>	Full Name (Last, First, Middle Initial) David Knudson for State Senate				Transaction ID: 39412-3069879412 Date of Disbursement
	Mailing Address 2100 East Slaten Cour	t			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Sioux Falls	State Zip Code SD 57103			Amount of Each Disbursement this Perio
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 tegory/	350.00
	Office Sought:  Senate President State:  District:	sement For:  Primary Genera  Other (specify) ▼	-!	- уре	
	Full Name (Last, First, Middle Initial) David L. Williams for State Senate				Transaction ID: 39412-710643947 Date of Disbursement    M 9   M   D 2   D   Y Y Y O Y 8   P   P   P   P   P   P   P   P   P
	Mailing Address P.O. Box 666				
	City Burkesville	State Zip Code KY 42717	_		Amount of Each Disbursement this Perio
	Purpose of Disbursement Nonfederal Contribution			011	400.00
	Candidate Name			tegory/ Type	
	Office Sought: House Disbut Senate President State: District:	sement For:  Primary Genera  Other (specify) ▼	I		
	Full Name (Last, First, Middle Initial)  Democratic Legislative Campaign Comn	nittee			Transaction ID: 30390-931850612
	Mailing Address The Arizona Democrat 2910 N. Central Ave.	c Party			09 12 7 2008
	City Phoenix	State Zip Code AZ 85022			Amount of Each Disbursement this Perio
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 tegory/	500.00
		an am ant Fair		ype	
	Senate President	sement For: Primary Genera Other (specify) ▼	I		
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	y Information copied from such Reports and State for commercial purposes, other than using the nan												
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		,,										
<u>/</u>	Full Name (Last, First, Middle Initial) Dietrich for House Committee						Date	of D	sburs	: 394			
	Mailing Address Post Office Box 12495						0 8	) M	<sup>D</sup> 2	25	ž	0 ŏ 8	Y
	City Grand Forks	State ND	Zip Code 58208-2495				Amo	unt o	f Each	Disbur			-
	Purpose of Disbursement Nonfederal Contribution Candidate Name			Ca	011 atego	ory/			•		. 20	00.00	•
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	Full Name (Last, First, Middle Initial)  Dosch for House Committee						Date	of D	sburs	394 ement		19509 0 0 8	
	Mailing Address 509 Cottonwood Loop						0.9	<u>'</u>	2	. 5	2	008	_
	City Bismarck	State ND	Zip Code 58504				Amo	unt o	f Each	Disbur	sement	this Pe	erio
	Purpose of Disbursement Nonfederal Contribution			Г	011		L				20	00.00	
	Candidate Name				tego Type	•							
	Office Sought:    House   Disburs     Senate   President     State: District:	ement For: Primary Other (spe	General ecify) ▼										
	Full Name (Last, First, Middle Initial) Earl Ray Tomblin for State Senate						Date	of D	sburs	: 394			
	Mailing Address Post Office Box 116						0 8	) M	2	25	Ž	0 ŏ 8	1
	City Chapmanville	State WV	Zip Code 25508				Amo	unt o	f Each	Disbur	sement	this Pe	erio
	Purpose of Disbursement Nonfederal Contribution Candidate Name				011 atego						7	50.00	
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TEMPER DISPURSEMENTS	Use separate schedule(s) (check of	NE NUMBER: PAGE 56 / /1 only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page 21b 27	22 23 24 25 2 28a 28b 28c X 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full)	name and address of any political committee to	
Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Friends of John Astle  Mailing Address 51 Fleet Street		Transaction ID: 39412-23659914731 Date of Disbursement  M M M / D D D / Y Y Y O Y 8 Y 2 0 0 8 Y
City	State Zip Code	Amount of Each Disbursement this Period
Annapolis	MD 21401	
Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/	400.00
Office Sought: House Disb Senate President State: District:	Type  ursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Friends of John Nelson		Transaction ID: 59821-01211184263
Mailing Address 14044 W Greentree D	Orive South	0 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Amount of Each Disbursement this Period
Litchfield Park	AZ 85340	
Purpose of Disbursement Nonfederal Contribution	011	200.00
Candidate Name	Category/ Type	
Office Sought: House Senate President State: District:	ursement For:  Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial) FRIENDS OF MATTHEW J. DOLAN		Transaction ID: 39412-27059572935 Date of Disbursement
Mailing Address 100 7TH AVE. BOX 1	2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chardon	State Zip Code OH 44024	Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Contribution	011	250.00
Candidate Name	Category/ Type	
Senate President	ursement For: Primary General Other (specify) ▼	
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	$\vdash$	24 28c >	25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ne and address of any politica										
	Full Name (Last, First, Middle Initial) Friends of Mike Busch  Mailing Address P.O. Box 2241					Date	of D	isburs	: 39 <sup>4</sup> ement		553979 Ž 0 Ď 8	
	City Annapolis Purpose of Disbursement Nonfederal Contribution	State Zip Code MD 21404		01	1	Amou	unt o	f Each	n Disbu		nt this F	-
	Senate President	ement For: Primary General Other (specify)	Ca	ateg Typ	ory/							
	State: District:  Full Name (Last, First, Middle Initial)  Friends of Peter Hammen  Mailing Address 821 South Grundy Street	pt				Date		isburs	: 39 <sup>4</sup> ement		006982 Ž 0 Ŏ 8	
	City Baltimore Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Code MD 21224	Ca	01 ateg	ory/	Amou	unt o	f Each	n Disbu		nt this F	
	Senate President State: District:	ement For: Primary General Other (specify)	<u> </u>	- 71-								
	Full Name (Last, First, Middle Initial) Friends of Rob Garagiola  Mailing Address Post Office Box 442					Date		isburs	: 394 ement 2 5		345422 Ž 0 Ŏ 8	_
	City Germantown Purpose of Disbursement	State Zip Code MD 20878				Amou	unt o	f Each	n Disbu		nt this F	-
	Nonfederal Contribution Candidate Name		Ca	01 ateg Typ	ory/							
	Office Sought:    House   Disburs     Senate   President     State:   District:	ement For:  Primary General  Other (specify) ▼										

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check only			PAGE 58/	71
IT	EMIZED DISBURSEMENTS		category of the Summary Page	21b 27	22 28a	23 24 28b 28		26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nan							S
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)						
<u> </u>	Full Name (Last, First, Middle Initial) Humphries to the House 2008				Date of D	on ID: 598		
	Mailing Address 140 W. Vista Grande Dr	ive			0 9	1 2	žoŏŧ	3
	City Tuscon	State AZ	Zip Code 85704		Amount o	f Each Disbur		
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 ategory/	L		100.0	0
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	Full Name (Last, First, Middle Initial) Huppenthal 2008				Date of D	on ID: 598 isbursement		_
	Mailing Address 8 N. Bullmoose Circle				0 9	12	žoŏs	3
	City Chandler	State AZ	Zip Code 85224		Amount o	f Each Disbur		
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	State: District:  Full Name (Last, First, Middle Initial)  Husted for Ohio					on ID: 394	12-963924	586772
	Mailing Address 148 SHERBROOKE DR	IVE			0 9	25	žoŏs	3 <sup>Y</sup>
	City Kettering	State OH	Zip Code 45429		Amount o	f Each Disbur	sement this	Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 ategory/			250.0	0
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29 3
	/ Information copied from such Reports and State or commercial purposes, other than using the nar			
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)		
<b>/</b>	Full Name (Last, First, Middle Initial) Jean Hunhoff for State Senate			Transaction ID: 39412-64747256040 Date of Disbursement
	Mailing Address 2511 Mulligan Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Yankton	State Zip Code SD 57078		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name		011 Category/	300.00
		and the second second	Type	_
	Senate President	ement For: Primary General Other (specify)		
	State: District:  Full Name (Last, First, Middle Initial)  Jeff Greer for State House			Transaction ID: 39412-2021295428
	Mailing Address 2125 Highway 79			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Brandenburg	State Zip Code KY 40108		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution		011	200.00
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	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) Jodie Laubenberg Campaign			Transaction ID: 39412-1614190936 Date of Disbursement
	Mailing Address Post Office Box 1154			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Wylie	State Zip Code TX 75098		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution		011	500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
	State. District.			1000.00

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<u> </u>	ATIIF FAO)	
Full Name (Last, First, Middle Initial) Jody Richards for State Representative  Mailing Address 817 Culpeper St		Transaction ID: 39412-80862063169 Date of Disbursement    M 9 M
City Bowling Green	State Zip Code KY 42103	Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/	150.00
	Type sement For:	
Senate President State: District:	Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Joey Pendleton for State Senate		Transaction ID: 39412-61805361509 Date of Disbursement
Mailing Address PO Box 1016		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Hopkinsville	State Zip Code KY 42240	Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Contribution	011	400.00
Candidate Name	Category/ Type	
Office Sought:  Senate President State:  Disbut	sement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Johnny Ray Turner for State Senate		Transaction ID: 39412-7648126482 Date of Disbursement
Mailing Address 85 Kentucky Route 110	)1	099 / 25 / 2008
City Drift	State Zip Code KY 41619	Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Contribution	011	400.00
Candidate Name	Category/ Type	
Senate President	sement For: Primary General Other (specify)	
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al	HIP PAC)									
۷.	Full Name (Last, First, Middle Initial) Keep Kearney in the Senate							on ID:		2-7232	3244810
	Mailing Address P.O. Box 29077					0 <sup>M</sup> 9	M /	<sup>D</sup> 2	5 /	y ž0	8 0
	City Cincinnati	State Zip Code OH 45229				Amou	ınt of	Each	Disburse		is Period
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3.	Full Name (Last, First, Middle Initial) Kenneth Kim Brimer Campaign					Date	of Dis	sburse	ement		2661314
	Mailing Address 1600 West 7th Street, Se	uite 650				0 9	M /	<sup>D</sup> 2	5 /	ž 0	0 8 °
	City Fort Worth	State Zip Code TX 76102				Amou	int of	Each	Disburse	ement th	is Period
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 ).	Full Name (Last, First, Middle Initial) Klein for Senate Committee					Date	of Dis	sburse	ement		8625669
	Mailing Address 331 2nd Street North					o <sup>™</sup> 9	M /	۵	5 /	ž0	Ď 8 Ť
	City Fessenden	State Zip Code ND 58438				Amou	ınt of	Each	Disburse		is Period
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 28c X 29
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NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A				on such committee
Full Name (Last, First, Middle Initial) Larry Taylor Campaign			Transaction ID Date of Disburs	: 39412-9013482928 ement
Mailing Address Post Office Box 1208			09 / 2	25 / 2008
City Friendswood	State Zip Code TX 77549		Amount of Each	n Disbursement this Period
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Candidate Name		Category/ Type		
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State: District:  Full Name (Last, First, Middle Initial)  Mark K. Willadsen for State House			Transaction ID Date of Disburs	: 39412-7947809100 ement
Mailing Address 7712 West Benelli Circle	9		09 / 2	25 / 2008
City Souix Falls	State Zip Code SD 57106		Amount of Each	n Disbursement this Perio
Purpose of Disbursement Nonfederal Contribution		011		300.00
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Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) McCarthy for State Representative, ID 138	35		Transaction ID  Date of Disburs	: 39412-0610162615 ement
Mailing Address 5220 Southeast 31st Co	ourt		09 / 2	25 7 2008
City Des Moines	State Zip Code IA 50320		Amount of Each	n Disbursement this Perio
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	y Information copied from such Reports and Sta for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (			
<u></u>	Full Name (Last, First, Middle Initial) Murphy for State Representative, ID 564	 !		Transaction ID: 39412-2682000994 Date of Disbursement
	Mailing Address 155 North Grandview			09
	City Dubuque	State Zip Code IA 52001		Amount of Each Disbursement this Period
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	Candidate Name		Category, Type	
	Senate President	rsement For: Primary Gener Other (specify)	ral	
	State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: 39412-3146020770
	Nething for Senate Committee  Mailing Address 639 5th Street Northea	ast		Date of Disbursement  M 9 M / D 2 D / Y Y O V 8 Y  2 5 / Z 0 0 8 Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Jamestown Purpose of Disbursement Nonfederal Contribution	ND 58401	011	200.00
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	Full Name (Last, First, Middle Initial) Nodland for Senate Committee			Transaction ID: 39412-7781640887 Date of Disbursement
	Mailing Address 3296 110V Avenue Sc	uthwest		099 / 25 / 2008
	City Dickinson	State Zip Code ND 58601		Amount of Each Disbursement this Period
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I \	MITTEE (In Full) Ilth Insurance Plans	PAC (AHII	P PAC)											
,	, First, Middle Initial) Senate Committee							Date	of Dis	burse				
Mailing Address	2624 County Ro	oad 30						o <sup>M</sup> 9	,	<sup>D</sup> 2	รี <u></u>	2	0 ŏ 8	
City Lansford			ate D	Zip Code 58750				Amou	ınt of	Each	Disburs	-		-
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Orville Smidt	, First, Middle Initial) for State Senate							Date		burse				
Mailing Address	117 4th Street							0 9		<sup>D</sup> 2	5	2	0 Ď 8	
City Brookings			ate D	Zip Code 57006				Amou	ınt of	Each	Disburs			
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Full Name (Last People for Pe	First, Middle Initial)								of Dis	burse		2-345	51806	902
Mailing Address	PO Box 6711							0 9	M /	<sup>D</sup> 2	5 /	ž	0 Ď 8	<u> </u>
City Columbia			ate 1D	Zip Code 21045				Amou	ınt of	Each	Disburs			-
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 22 27 28a			, ,	3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)								
$ \rangle$	Americas Health Insurance Plans PAC (A	HIP PAC)							
	Full Name (Last, First, Middle Initial) Rants for State House, ID 662				Date	of Disbu	rsement	2-46049	
	Mailing Address 2740 South Glass				o <sup>M</sup> s	9	25	žoč	8
	City Sioux City	State Zip Code IA 51106			Amo	ount of Ea	ch Disburs	sement this	
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	Full Name (Last, First, Middle Initial) Republican Legislative Campaign Commi					of Disbu		90-94265 Ý Ž 0 Č	
	Mailing Address The Arizona Republican 3501 N. 24th Street								
	City Phoenix	State Zip Code AZ 85016			Amo	ount of Ea	ch Disburs	sement this	
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	Full Name (Last, First, Middle Initial) Rielly for Senate, ID 1516				_	of Disbu	rsement	2-58955	( · V
	Mailing Address 304 North 8th Street				O S	9 / [	25	žoč	8 '
	City Oskaloosa	State Zip Code IA 52577			Amo	ount of Ea	ch Disburs	sement this	
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1 \	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	HIP PAC)								
	Full Name (Last, First, Middle Initial) Robert Stivers for Senate					e of Disb	_	-	1509820 2 0 0 8	
	Mailing Address 207 Main Street	7.01								
	City Manchester	State Zip Code KY 40962			Am	ount of E	ach Dis	bursem	ent this f	-
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	Full Name (Last, First, Middle Initial) Roger Hunt for State House  Mailing Address Post Office Box 827					e of Disb			241924 2 0 0 8	
	City Brandon	State Zip Code SD 57005			Am	ount of E	ach Dis	bursem	ent this f	
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	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Soderberg for House, ID 1492  Mailing Address 800 2nd Street Southea  City Le Mars	Primary General Other (specify) ▼	Ca	•	Trai	e of Disb	urseme	ent / Y	2 0 0 8	Perioc
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Soderberg for House, ID 1492  Mailing Address 800 2nd Street Southea	Primary General Other (specify)	Ca	Type  O11	Trai Dat 0	e of Disb	urseme	ent / Y	ž 0 Ŏ 8	erioc
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Soderberg for House, ID 1492  Mailing Address 800 2nd Street Southea  City Le Mars Purpose of Disbursement Nonfederal Contribution Candidate Name	Primary General Other (specify)	Ca Ca	Type 011	Trai Dat 0	e of Disb	urseme	ent / Y	2 0 0 8	Y Period

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V	Americas Health Insurance Plans PAC (A	HIP PAC)			
	Full Name (Last, First, Middle Initial) Sparks for Senate 2006  Mailing Address PO Box 368				Transaction ID: 39412-200710475 Date of Disbursement  Description of the control
	City Norman	State Zip Code OK 73070-036	8		Amount of Each Disbursement this Per
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	Full Name (Last, First, Middle Initial) Stenehjem for Senate Committee  Mailing Address PO Box 222				Transaction ID: 39412-155636012 Date of Disbursement    M 9   M   D 2   D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bismarck	State Zip Code ND 58502			Amount of Each Disbursement this Per
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	Full Name (Last, First, Middle Initial) Steve Kominar for House of Delegates				Transaction ID: 39412-864788234 Date of Disbursement
	Mailing Address 52 Wingfoot Road				09 0 25 7 2008
	City Hurricane	State Zip Code WV 25526			Amount of Each Disbursement this Per
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V	Americas Health Insurance Plans PAC (A	HIP PAC)										
	Full Name (Last, First, Middle Initial)								: 5982	21-72	16607	9282
	Steve Pierce for Senate					M	of D		ement	ΥΥ	Υ	Υ
	Mailing Address 14000 N 7V Ranch Roa	d				0 9	_	L	2 /	. 2	0 ŏ 8	
	City Prescott	State Zip Code AZ 85305				Amou	ınt c	f Each	Disbur	semen	t this P	eriod
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						M 9	м		25	Y Y	Y	Υ
	Mailing Address P.O. Box 2502					0 9			2 5	. 2	0 0 8	
	City La Plata	State Zip Code MD 20646				Amou	ınt c	f Each	Disbur	semen	t this P	eriod
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	Tallackson for Senate Committee					Date	of D	isburs	ement	12-50	+07 10	
	Mailing Address 7039 141st Avenue North	theast				0 <sup>M</sup> 9	М	/ D 2	25	ž	0 0 8	Y
	City Grafton	State Zip Code ND 58237				Amou	ınt c	f Each	Disbur	semen	t this P	eriod
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ne and address of any						
<u>V_</u>	Full Name (Last, First, Middle Initial) Tim Rave for State House  Mailing Address 46923 250th Street					ion ID: 3 isburseme	nt	555910825 0 0 8 <sup>°</sup>
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	Full Name (Last, First, Middle Initial) Tim Rounds for State House  Mailing Address 513 North Van Buren					ion ID: 3 isburseme	nt	34878110 0 0 8 °
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	State: District: Full Name (Last, First, Middle Initial) Tobin 08  Mailing Address 3767 Karicio Lane Ste A  City Prescott  Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Coo AZ 86303 ement For:	B Ca	ategory/	Date of D	isburseme	nt Y Y 2	this Period

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Full Name (Last, First, Middle Initial) Tom Dempster for State Senate  Mailing Address 5004 East Terry Peak La	ane			on ID: 3941 sbursement	2-7367975 <sup>°</sup> <sup>°</sup> <sup>°</sup> <sup>°</sup> 2 0 0 8	
	State Zip Code SD 57110-6407	011	Amount of	Each Disburs	ement this P	-
Candidate Name  Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Category/ Type				
Full Name (Last, First, Middle Initial) Tom Hansen for State Senate  Mailing Address 648 13th Street Southwe	est			on ID: 3941 sbursement	2-1448175	
City Huron Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Code SD 57350	011 Category/ Type	Amount of	Each Disburs	ement this P	-
Office Sought:  Senate  President  State:  District:  Full Name (Last, First, Middle Initial)	ement For: Primary General Other (specify)	.,,,,,		ID 0044	0.000074	
Wieck for Iowa Senate, ID 1439  Mailing Address 4362 Old Lakeport Road				sbursement	2-6223871 Y 2008	_
City Sioux City Purpose of Disbursement Nonfederal Contribution	State Zip Code IA 51106	011	Amount of	Each Disburs	ement this P	-
Candidate Name  Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Category/ Type				
State: District:  SUBTOTAL of Disbursements This Page (optional)					1100.00	)
TOTAL This Period (last page this line number only)					22350.00	)

### Image# 28993356780

Form/Schedule: **F3X**Transaction ID:

The Amended October Monthly Report (9/1/08 through 9/30/08) is being filed due to a technical issue regarding duplicate records created, which affected individuals aggregate year-to-date totals. The amended report corrects the aggregate year-to-date total and discloses those individuals who should be itemized on Schedule A supporting Line 11ai. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.